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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 553861

CHILIANO E. CASAL, M.D., P.A.

(6)

| nolpal Place of Business | Mailing Address |
|--------------------------|-----------------|
| | 861165 55 |

FILED Apr 21 1997 8:00am Secretary of State



305-666-2800

| Companies Comp | Tilloparriac | | Mailing Addie | | | | + | | | | |
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| Section Comparison Compar | GORAL GABLE | E LEON 8 FL 33146 | | | 1 | | | | | | |
| 2. Monthing Address 2. Monthing Address 3. El Number 5. Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 28 28 28 29 30 Trust Fand Contribution 35.00 May 8e Added to Faces 7. Trust Fand Contribution 35.00 May 8e Added to Faces 3. Trust Fand Contribution 35.00 May 8e Added to Faces 3. This corporation has liability for pranging between the surface is 190.032, Florida Statutes 10 may 10 | | | | | | | | | | | |
| Sulle Apt. #, etc. Sulle Apt. #, etc. Sulle Apt. #, etc. | 2. Principal P | lace of Business | 2a. Mailing Ad | dress | | | | T | | | |
| Sulle, Apt. #, etc. | 21 | | 26 | | | | 59-1764238 | ľ | Not Applicable | | |
| City & State 28 | | #, etc. | Suite, Apt. | #, etc. | | | E. Cartificate of Status Desired | □ \$8 | 75 Additional | | |
| 28 29 30 20 30 | | | | | | | 6. Certificate di Status Desireo | | | | |
| 28 | <u> </u> | e | ⊢ ' | | | | , , , | | | | |
| BARNS,PAUL D. JR. 1570 MADRUGA AVE. CORAL GABLES FL 33143 82 Stroot Address (P.O. Box Number is Not Acceptable) 83 Stroot Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Stroot Address (P.O. Box Number is Not Acceptable) 85 Stroot Address (P.O. Box Number is Not Acceptable) 86 Stroot Address (P.O. Box Number is Not Acceptable) 87 Stroot Address (P.O. Box Number is Not Acceptable) 88 Stroot Address (P.O. Box Number is Not Acceptable) 89 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 81 Stroot Address (P.O. Box Number is Not Acceptable) 82 Stroot Address (P.O. Box Number is Not Acceptable) 83 Stroot Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Stroot Address (P.O. Box Number is Not Acceptable) 85 Stroot Address (P.O. Box Number is Not Acceptable) 86 Stroot Address (P.O. Box Number is Not Acceptable) 87 Stroot Address (P.O. Box Number is Not Acceptable) 86 Stroot Address (P.O. Box Number is Not Acceptable) 87 Stroot Address (P.O. Box Number is Not Acceptable) 88 Stroot Address (P.O. Box Number is Not Acceptable) 89 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 81 Stroot Address (P.O. Box Number is Not Acceptable) 82 Stroot Address (P.O. Box Number is Not Acceptable) 84 Stroot Address (P.O. Box Number is Not Acceptable) 85 Stroot Address (P.O. Box Number is Not Acceptable) 86 Stroot Address (P.O. Box Number is Not Acceptable) 87 Stroot Address (P.O. Box Number is Not Acceptable) 88 Stroot Address (P.O. Box Number is Not Acceptable) 89 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 80 Stroot Address (P.O. Box Number is Not Acceptable) 81 Stroot Address (P.O. Box Number is Not Acceptable) 81 Stroot Address (P.O. Box Number i | | ₁ | | 30 | 1 . | | Florida Statutes | | | | |
| 11. Pursuant to the provisions of Socilors 607 0502 and 607 1508. Florida Statules, the above named corporation submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. Statules, the above named corporation submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. Statules, the above named corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida. Statules, the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida. Statules, the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida. Statules, the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida. Statules, the corporation's board of directors. I horoby accept the appointment as registered gent, or both, in the State of Florida. Statules, the corporation's board of directors. I horoby accept the appointment as registered gent, or both, in the State of Florida. Statules, the corporation's board of directors. I horoby accept the appointment as registered gent, or both in the provisions of the corporation's board of directors. I horoby accept the appointment as registered gent, or both in the provision's registered gent, or both in the State of Florida Statules. 12. 12. 12. 13. 13. 14. 15. 15. 14. 15. 15. 15. 16. 16. 16. 16. 16 | | 9. Name and Address of | of Current Registered Agen | l | | , | 10. Name and Address of New Reg | istered Agent | | | |
| CORAL GABLES FL 33143 B8 | BAR | ns,paul D. Jr. | • | | 81 | Name | | | 1 | | |
| B3 B4 City FL B5 Zip Code | | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptabl | e) | | | |
| Title | | | | | 83 | | | | | | |
| The pursuant to the provisions of Sections 807, 1509 and 607, 1508, Florida Statutes, the above-named concentration submits this statement for the purpose of changing its registered effect registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or purified name of registered agent and line if applicable. (NOTE negletered Agent agentative they accept the appointment as registered statutes) NOTE | | | | | 84 | City | | FI 85 | Zıp Code | | |
| SIGNATURE Signature, typed or printed nerve ting stored agent and like if appricable. MOT registered Agent another resulted without resultating) DATE | 11. Pursuant | to the provisions of Sections | s 607,0502 and 607,1508. Fin | rida Statutes | the above | e-named o | corporation submits this statement for the bu | | ging its registered | | |
| SIGNATURE T. | office or r | egistered agent, or both, in | the State of Florida, Such cha | ange was auth | orized by | the corpo | oration's board of directors. I hereby accept | the appointme | int as registered | | |
| Signature uponed or prinded amore of registered agent and after than principles (April Engineture registered where remissaling) | | m tanimai titin, and accept | the obligations of occion of | 7.0000, 1 101100 | o olololo. | . | | | ļ | | |
| TITLE | SIGNATURE | Signature, typed or printed name of re | egistored agent and title if applicable. | (NOTE: FID | gistered Ago | ni signalure r | equired when reinstaling) | DATE | | | |
| NAME STREET ADDRESS 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-ST-Z | 12. | | | | 13. | | ADDITIONS/CHANGES TO OFFICE | | CTORS IN 12 | | |
| STREET ADDRESS 4825 PONCE DE LEON CORAL GABLES FL | TITLE | . , = = | | DELETE | 1.1717LE | į | | ☐ Ch | CTORS IN 12 nange | | |
| CORNAL GABLES FL | NAME | | | | 1.2 NAME | | | | | | |
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| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the | | y certify that the information | supplied with this filing does | s not qualify fo | | | ated in Section 119.07(3)(i). Florida Statutes | . I further certify | v that the | | |